

<div>Department of Health and Human Services</div> <div>Public Health Service</div> <div>National Institutes of Health</div> <div>Request for Entertainment Funds</div>			<div>APPROVING OFFICE ONLY</div> <div>REQUEST NUMBER</div>
ESTIMATED DATE	NO. OF GUESTS	PLACE	DATE OF REQUEST
NAME OF GUEST OF HONOR			CAN NUMBER
NAME OF HOST			ESTIMATED COST
			\$
NAMES OF GUESTS (<input type="checkbox"/> Additional sheet attached)			

JUSTIFICATION/REMARKS

CLEARANCE ACTION					
TITLE	SIGNATURE	DATE	APPROVED	DISAPPROVED	AMOUNT
Institute Reviewing Official					\$
Institute Approving Official					\$
NIH Approving Official					\$